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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/088588	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1			
2		1		1		1		
3		1		1		1		
4		3		3		3		
5		3		3		3		
6		3		3		3		
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11		4		4		4		
12		5		5		5		
13		5		5		5		
14		5		5		5		
15		1		1		1		
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TOTAL IND.		2		2		2		
TOTAL DEP.		160		160		160		
TOTAL CLAIMS		162		162		162		
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